STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

December 21, 2020

SENT VIA ELECTRONIC MAIL

The Honorable Joyce Krawiec, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 308, Legislative Office Building
Raleigh, NC 27603

The Honorable Josh Dobson, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 307B, Legislative Office Building
Raleigh, NC 27603

The Honorable Donny Lambeth, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 303, Legislative Office Building
Raleigh, NC 27603

Dear Chairmen:

Session Law 2017-57, Section 11F.5A requires the North Carolina Department of Health and Human Services to submit a report evaluating the effectiveness of the case management pilot program in reducing avoidable emergency department readmissions and emergency department boarding times among individuals with behavioral health needs. This report is due to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions regarding this report, please contact Kody Kinsley, Deputy Secretary for Behavioral Health and Intellectual/Developmental Disabilities, at 984-236-5000.

Sincerely,

Mandy Cohen, MD, MPH
Secretary

DocuSigned by:
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Kody H. Kinsley
Deputy Secretary for Behavioral Health & IDD
North Carolina Department of Health and Human Services

cc:

Matt Gross	Hattie Gawande	Dave Richard	Susan G. Perry	Kody Kinsley
Joyce Jones	Rob Kindsvatter	Lisa Wilks	Theresa Matula	Jared Simmons
Erin Matteson	Marjorie Donaldson	Mark Collins	Jessica Meed	Luke MacDonald
Jane Chiulli	Katherine Restrepo	Tara Myers	reports@ncleg.net	

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SECRETARY

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SENT VIA ELECTRONIC MAIL

Mr. Mark Trogdon, Director
Fiscal Research Division
Suite 619, Legislative Office Building
Raleigh, NC 27603-5925

Dear Director Trogdon:

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Case Management Pilot Program

Session Law 2017-57, Section 11F.5A

Report to the

Joint Legislative Oversight Committee on Health and Human Services

and

Fiscal Research Division

By

North Carolina Department of Health and Human Services

December 21, 2020

Community Case Management Pilot Program at WakeMed Health and Hospital

Reporting Requirements

Session Law 2017-57, Section 11F.5A *By December 1, 2020, the Department shall submit a report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division evaluating the effectiveness of the pilot program in reducing avoidable emergency department readmissions and emergency department boarding times among individuals with behavioral health needs.*

Program Requirements

Session Law 2017-57, Section 11F.5A described the funding and the intended outcome of the Case Management Pilot Program in Wake County:

> It is the intent of the General Assembly to reduce avoidable emergency department readmissions and emergency department boarding times among individuals with behavioral health needs. To that end, of the funds appropriated to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the sum of two million dollars ($2,000,000) in nonrecurring funds for the 2017-2018 fiscal year shall be allocated for the development and establishment of a two-year pilot program at a hospital in Wake County to support a hospital-based, comprehensive community case management program. The Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, in consultation with LME/MCOs responsible for the management and provision of mental health, developmental disabilities, and substance abuse disorder services in Wake County under the 1915(b)/(c) Medicaid Waiver, shall oversee the development and establishment of the pilot program to ensure it is designed to reduce avoidable emergency department readmissions and emergency department boarding times among individuals with behavioral health needs. The pilot program shall be conducted at the hospital in Wake County with the largest number of emergency department visits that agrees to participate in the two-year pilot program authorized by this subsection.

I. Summary

This project was implemented by WakeMed Health and Hospital (WakeMed) to fund the WakeMed's Community Case Management (CCM) program. WakeMed reported that 284 persons were provided case management services under this specific model of case management, 46% of whom had no health insurance. The 284 clients of the CCM were guided by the team to access one or more of nine main resources that were related to social determinants.

WakeMed also added a "behavioral health respite" component to the CCM program. The behavioral health respite program was expected to provide opportunities for continued stabilization following behavioral health crises, for individuals whose crisis stabilization at

WakeMed was considered more tenuous and who were at higher risk of homelessness after discharge from the Emergency Department.

The pilot did reduce by 19% (about half a day) wait times for those who were held for transfer to other behavioral health/substance use treatment facilities. However, it only produced a small 4.2% decline in ED admissions for the 284 clients served by the CCM Team, and CCM Team engagement did not appear to shorten the majority of ED encounters, many of which were over within 24 hours. This suggests a more robust model, such as Comprehensive Care Management, is needed to fully serve high-needs populations and reduce ED visits.

II. Data

A. Overview of Persons Engaged or Pending Engagement with CCM

From January 2018 through June 2020, the CCM team engaged 284 individuals (non-duplicated) in the case management and behavioral health respite services funded by this pilot program. Another 207 persons were identified as pending engagement; that is, the team contacted the individuals one or more times and offered the case management services, but they did not respond or agree to engage. The average length of engagement was 84.5 days, and the average length of time that individuals remained pending engagement was 40.5 days.

Table 1 reflects the health insurer mix at last encounter among the 284 persons who accepted and engaged in case management/behavioral health services.

Table 1: Payer Mix Among Engaged Persons at Last Encounter

Health Insurance (payer)	# of Persons	% of Persons
Uninsured	130	46%
Medicaid and Medicaid Pending	68	24%
Medicare	58	20%
Other	28	10%
TOTAL	**284**	**100%**

B. Outcomes of CCM Activities and Behavioral Health Respite

The CCM team assisted individuals by linking them with resources in the community to aid in recovery and facilitate improvements in important social determinants. The linkages are considered crucial in reducing crisis experiences that could result in visits to the Emergency Department. Table 2 below identifies the resources as goals toward which the engaged persons actively pursued with the help of the CCM team.

Table 2: Resources Accessed & Goals Accomplished by 284 Engaged Persons

Resource (Goal)	# of Goals Created	% Persons Who Pursued Goals	# of Goals Completed	% Goals Completed
Medical Home	206	73%	163	79%
BH/SU Provider	252	89%	213	85%
Support Group Referral	61	21%	42	69%
Housing	171	60%	124	73%
Transportation	185	65%	154	83%
Food	129	45%	94	73%
*SOAR	42	15%	36	86%
Mobile Medication	54	19%	45	83%
**Project Access	70	25%	59	84%

*SOAR: Initiative to increase assess to SSI/SSDI Outreach, Access, and Recovery benefits and assistance to children/adults "who are experiencing or at risk of homelessness and have serious mental illness, medical impairment, and/or co-occurring substance use disorder." https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/soar

**Project Access: Initiative in Wake County to connect low-income/uninsured persons, at no cost, to safety-net primary care clinics. https://wake.nc.networkofcare.org/mh/services/agency.aspx?pid=ProjectAccessofWakeCounty_1458_2_0

In conjunction with work of the CCM team, WakeMed selected a community provider to make six beds available for behavioral health respite. The following three tables report behavioral health respite data, housing status of the persons, and the services/supports for those persons after discharge.

Table 3: Behavioral Health Respite: Admitted, Bed Days, Length of Stay

Total Admitted	96*
Total Bed Days	2,591
Average Length of Stay	25.7
* 1 person remained in a respite bed after the end of June 2020.	

Table 4: Behavioral Health Respite, Housing Status of Persons at Discharge

Housing	**# of Persons**	**% of Total Persons Admitted**
Sober living program	17	18%
Independent living	35	37%
Unknown or left *AMA	16	17%
Maternity home	1	1%
Adult Living Facilities	1	1%
Homeless	2	2%
None (e.g., admitted to inpatient)	5	5%
Transitional (hotel or other)	13	14%
Relapse/Detox	4	4%
Not available	1	1%
Total	95	100%
*AMA: against medical advice		

Table 5: Behavioral Health Respite: Services/Supports at Discharge

Service/Support	# of Persons	% of Total Persons Admitted
Substance Abuse Intensive Outpatient Program	26	28%
Unknown (left *AMA or out of service)	9	9%
Outpatient treatment services	22	23%
Refused	11	12%
Community Support Team	13	14%
Residential Treatment	4	4%
Assertive Community Treatment	1	1%
Psychiatric Inpatient	5	5%
Peer Support	1	1%
Jail	1	1%
None	2	2%
Total	95	100%
*AMA: against medical advice		

C. Changes in Emergency Department Admissions and Boarding Times

For the purpose of measuring and reporting the impacts of the CCM pilot program according to the expressed intent of the Session Law, WakeMed tracked Emergency Department (ED) admissions and "boarding" times (i.e., days in the ED until release/disposition) of the 284 persons who engaged with the CCM team. Both ED admissions and boarding times were tracked for the time periods immediately prior to and following individuals' initial engagement with the CCM team. The pre- and post- time periods were identical in duration.

Table 6 below shows the counts of the pre- and post- ED admissions (per disposition type) and the percent change of the ED admissions through the course of engagement with the CCM team.

Table 6: ED Admissions: Pre- and Post- Engagement with CCM Team

ED Admissions by disposition	Pre-Engagement	Post-Engagement	% Change
Released with 24 hrs.	1,401	1,443	3%
Admitted to hospital for medical reasons	225	177	-21%
Held for transfer to BH/SA facility	263	189	-28%
Total	1,889	1,809	-4.2%

Table 6 indicates that the 284 clients of the CCM team had an overall -4.2% reduction of ED admissions during the time they received case management from WakeMed's CCM pilot program (post-engagement), as compared with their pre-engagement periods. While there was a slight increase (3%) in the number of post-engagement ED admissions of CCM clients who were released from the ED within 24 hours, there were decreases in post-engagement ED admissions for clients who needed inpatient medical care (-21%) and for those who needed to held for transfer to behavioral health or substance use treatment facilities (-28%).

Table 7 below shows the ED boarding times of the 284 CCM team clients during the pre- and post- ED encounters (per disposition type) and the percent change of the boarding times through the course of engagement with the CCM team.

Table 7: ED Boarding Time, Pre- and Post- Engagement with CCM Team

ED Boarding Time by disposition	Pre-Engagement (in days)	Post-Engagement (in days)	% Change
Released with 24 hrs.	0.2	0.2	0%
Admitted to hospital for medical reasons	4.2	4.3	2.4%
Held for transfer to BH/SA facility	3.1	2.5	-19.4%

Post-engagement boarding times, as reflected in Table 7, for the 284 CCM clients showed no change for those whose ED admissions resulted in releases within 24 hours; for those persons

who needed inpatient medical care, there was a slight overall increase (2.4%) in boarding times. However, the CCM clients, who were held for transfer to behavioral health/substance use treatment facilities, experienced reduced boarding times (-19%).